



Physical Therapy in the U.S. Army

Physical Therapy (PT) in the U.S. Army has a rich history of service dating back to the introduction of PT as a profession during WWI. Since then, PTs have served their country participating in all major conflicts.

As a result of the shortage of orthopedic surgeons after the Vietnam War and their demonstrated performance, Army PTs took on a new role as “physician extenders.” As physician extenders, PTs are credentialed and privileged to evaluate and treat patients with neuromusculoskeletal conditions without physician referral.

Since then, Army PTs have been providing expert neuromusculoskeletal care and rehabilitative services to all beneficiaries in multiple care settings. In addition, PTs have played an integral role in humanitarian and peace keeping missions.

Milestones in U.S. Army Physical Therapy

- 1942 - Relative military rank granted to PTs who upon graduation could apply for a commission
- 1947 - Establishment of the Women’s Medical Specialist Corps which included PTs, OTs and Dieticians
- 1955 - Men entered the Corps and the name changed to the Army Medical Specialist Corps (AMSC)
- 1971 - The Army’s training program partnered with Baylor University to offer a master’s degree training program. Today, graduates of the Army-Baylor Program receive their doctor of physical therapy degree and are obligated to 54 months of service as a payback for their education and training
- 2006 - The conversion from Brigade Combat Team (BCT) Professional Officer Filler Information System (PROFIS) PTs to organic Table of

Organization and Equipment (TOE) authorizations within the 1st and 2nd Brigade, 25th Infantry Division

- 2013 - Authorization of PTs in all 45 BCTs



Today’s U.S. Army PTs

- Evaluate, diagnose and treat patients with neuromusculoskeletal injuries across the full spectrum of evidenced-based practice
- Consult with other providers on musculoskeletal or neuromusculoskeletal patient management and disposition
- Conduct clinically relevant research
- Optimize Soldier/unit readiness by enhancing functional/human performance
- Serve as the command consultants in areas of injury prevention, injury surveillance, physical fitness/readiness and health promotion

Army PTs have continued to expand and diversify their scope and roles which has led to many exciting opportunities in both clinical and non-clinical settings.

Rehabilitation & Reintegration Division (R2D)
Health Policy & Services, Army Medical Department, Office of The Surgeon General

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Non-Clinical Positions

- Commanders of Army clinics, hospitals, recruiting, and other units
- Research positions at the U.S. Army Research Institute of Environmental Medicine (USARIEM)
- Injury prevention initiatives at the U.S. Army Public Health Command
- Staff positions at the Office of The Surgeon General (OTSG), Human Resources Command, and U.S. Army Recruiting Command
- Graduate faculty at U.S. Army Medical Department (AMEDD) Center & School
- Chief of Army Medical Specialist Corps (SP Corps) or PT Section
- Installation Management Command Surgeon
- Inspector General
- Aide De Camp

Clinical Practice Settings

- Burn rehabilitation at the U.S. Army Institute of Surgical Research at Ft. Sam Houston, Texas
- Amputee Rehabilitation at Walter Reed's Military Advanced Training Center and Ft. Sam Houston's Center for the Intrepid
- Traumatic Brain Injury (TBI) rehabilitation for mild, moderate, and severe cases
- Acute inpatient rehabilitation at the Army's medical centers and hospitals treating patients with a wide range of medical conditions and needs including Wounded Warriors with complex polytrauma
- Outpatient rehabilitation at medical centers, hospitals, and clinics. Outpatient care encompasses a vast array of programs and services including the care of Wounded Warriors as they rehabilitate and transition back to their unit or into civilian life



- Front line care as part of the Army's Brigade Combat Teams and Special Operations Forces. PTs deploy as a member of these combat units to enhance unit readiness and physical performance through strength and conditioning, injury prevention, early recognition and aggressive management of musculoskeletal injuries on the battlefield.

The Rehabilitation and Reintegration Division (R2D) was created in 2007 as part of the Office of The Surgeon General. The R2D staff includes PTs who are working on several initiatives, including the TBI, Pain, and Musculoskeletal Action Plans; the Military-specific Functional Capacity Evaluation; and the Warrior Transition Command's Comprehensive Transition Plan.

For more information on U.S. Army Physical Therapy, please contact:

<http://www.goarmy.com/amedd>
<http://www.baylor.edu/graduate/pt/index.php?id=27028>
<http://www.usarec.army.mil/>
<http://www.armymedicine.army.mil/jobs/jobs.html>

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